burden of multiple hospital staff meetings is beginning to hurt seriously. When a burden becomes too great or galls too painfully, even a beast of burden or a doctor will throw it off. —*J. Am. M. Ass.* **92**: 653, Feb. 23, 1929.

BAD HANDWRITING

"The illegibility of the handwriting of doctors has been a commonplace until the reproach bids fair to be laid aside with the advent of the typewriter. It was never entirely deserved, for no evidence was forthcoming that the doctor's ordinary correspondence was less legible than that of others. His prescriptions may well have been difficult to decipher by the average layman, written as they were in dog Latin, and containing pharmaceutical names with which he was not familiar. Moreover, there was no effort to make them legible to the patient; indeed, the intention was the reverse, for it was often inadvisable that the nature of the remedy or the dosage should be known to him.

Among doctors, as among other professional men, instances have been known of persons whose handwriting has been of three varieties: the first legible to the master's secretary or clerk; the second to the master alone; and the third to no one at all.

It is related that J. C. Loudon, the landscape garden designer, wrote to the Duke of Wellington for permission to visit and inspect the "Waterloo beeches" at Strathfieldsaye; in response to which the Duke, reading the signature as J. C. London, addressed his letter to the Bishop of London(Bloomfield), saying how pleased he would be to see him, and that he would order his servant to show him as many pairs of his breeches as he might wish to see, besides those he wore at Waterloo."—*The Medical Press* **127**: 148, Feb. 20, 1929.

Abstracts from Current Literature

MEDICINE

Erythrocyanose du Bras provoquée par l'effort. (Erythrocyanosis of the Arm Caused by Work). Pagniez, P. and Sicard, R., *Bull. et Mém. Soc. Méd. des Hôp. d. Paris* **37**: 1805, 1929.

This rare condition was described by the authors at a meeting of the Society on December 28, 1928. A young woman, aged twenty-five, presented a very curious functional disturbance of the circulation in the arm. Otherwise she was normal, save for a slight tendency towards obesity. She had been suffering for some months, without obvious cause, from pains more or less localized to the right arm, on making any muscular effort. After some weeks the pains disappeared, but were replaced by a slight circulatory disturbance which gradually increased in intensity until the time of examination. While at rest the two arms presented the same appearance, except that the right was about one centimetre larger in circumference, and were of the same temperature. On exertion, such as rubbing or washing, in a short space of time, erythrocyanosis appeared, beginning in the hand and extending up the arm until it reached the deltoid region. With this, the arm became swollen, the veins were distended, and the patient felt dull and somewhat giddy. In consequence she had to stop her work and rest. Then, after some minutes the attack would pass off. The condition suggested some obstructive disturbance at the point of origin of the venous system, including the capillaries. Physical examination, both general and by means of x-rays, failed to reveal any gross mechanical cause. The condition was thought to be due to some disorder of the sympathetic system. The authors were unable to find a similar case in the literature.

A. G. NICHOLLS

Interpretation of Roentgenograms in Tracheobronchial Gland Tuberculosis. Hawes, J. B., and Friedman, E., *J. Am. M. Ass.* **92**: 609, Feb. 23, 1929.

This paper is based on the x-ray examination of 109 children between the ages of 7 and 12 at the Prendergast Preventorium. Each child was a "contact" case, one that had had intimate and prolonged exposure to an active sputum-positive case of tuberculosis: in each case the child showed a positive skin tuberculin reaction, and other foci of infection, such as teeth, tonsils and adenoids, had been treated.

The x-rays were all taken by one man, and were grouped under the headings of (1) normal chests, (2) suspicious chests, and (3) bronchotracheal or hilum tuberculosis. These results were then submitted to examination by other roentgenologists and physicians; three of the former, a pædiatrician, and two physicians of long experience in tuberculosis and in the interpretation of x-ray films.

The result was a marked discrepancy in opinion. The three x-ray workers showed the greatest degree of agreement in their positive findings, but one of them regarded as suspicious nearly twice as many as those so regarded by his colleagues. The clinicians were more inclined to consider a chest as suspicious than